



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CHEMICAL DEPENDENCY ASSESSMENT AND REFERRAL

Effective Date: September 1, 2006

Policy #: RTS-02

Page 1 of 3

- I. PURPOSE:** To provide guidelines for Chemical Dependency (CD) assessment and referral processes.
- II. POLICY:** In recognition that chemical abuse and dependency frequently accompany and complicate treatment of the seriously mentally ill, MSH provides integrated co-occurring chemical dependency services. These services include specialized assessment, group and individual therapy, and discharge planning for substance abuse and chemically dependent patients.
- III. DEFINITIONS:**
 - A. Qualified licensed professional: A Licensed Addictions Counselor, Licensed Clinical Social Worker, licensed Psychologist, or any other licensed professional qualified within the scope of their practice to evaluate, assess, and treat chemical dependency and mental illness.
- IV. RESPONSIBILITIES:**
 - A. A Licensed Addictions Counselor (LAC), Co-Occurring Therapist, or other qualified licensed professional is responsible for performing and interpreting C.D. Assessments.
 - B. Physicians are responsible for writing orders for C.D. Assessments. These orders are to be forwarded to the Psychology Department Chief and assigned to an LAC or qualified licensed professional for completion.
- V. PROCEDURE:**
 - A. Chemical Dependency Assessment:
 - 1. Upon receipt of a physician's order for a substance abuse assessment, a qualified licensed professional will conduct an assessment.
 - 2. The C.D. Assessment will be completed within ten (10) calendar days from receipt of the physician's order. If a patient refuses to cooperate or acuity precludes assessment, reason for delay and plan for completion will be documented in the medical record.

3. The LAC or Co-Occurring Therapist will interpret assessment information, record impressions, make recommendations for chemical dependency services, and work with the treatment team to best accommodate the needs of the patient. Services for chemical dependency will be addressed in the Treatment Plan.
4. The C.D. Assessment document will become a permanent part of the medical record. Upon readmission, a copy of the most recent C.D. Assessment will be made and sent to the ward file.

B. Internal Referral for other Chemical Dependency Services

1. When a patient's substance abuse history is well documented, the treatment team may make a referral for chemical dependency services directly, without initiating the formal assessment process. This referral will be made by physician's order.
2. The LAC or Co-Occurring Therapist will meet with the referred patient and then complete the Impressions and Recommendations for Treatment sections of the CD assessment tool. This documentation will become a permanent part of the medical record.
3. Again, the LAC or Co-Occurring Therapist will work with the patient and multidisciplinary team to plan and provide chemical dependency services to best meet the needs of each patient while at MSH.

Patient need(s), interventions and goals related to chemical dependency, will be reflected in the multidisciplinary Treatment Plan.

4. The LACs or Co-Occurring Therapists will also work with the patient and treatment team to develop discharge plans which include CD Services. The LACs or Co-Occurring Therapists will assist in completing formal referral packets for patients with chemical dependency problems.

VI. REFERENCES: None

VII. COLLABORATED WITH: Licensed Addiction Counselors

VIII. RESCISSIONS: #RTS-02, *Chemical Dependency Assessment and Referral* dated October 24, 2003; #RTS-02, *Chemical Dependency Assessment and Referral* dated February 14, 2000; HOPP #TX-01.01, *Chemical Dependency Assessment and Referral* dated December 1995.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AND REISSUE DATE: September 2009

Montana State Hospital Policy and Procedure

CHEMICAL DEPENDENCY ASSESSMENT AND REFERRAL

Page 3 of 3

XI. FOLLOW-UP RESPONSIBILITY: Psychology Department Chief and Co-Occurring Program Manager.

XII. ATTACHMENTS: None

_____/____/____
Ed Amberg Date
Hospital Administrator